

CHECKLIST

GRANT NUMBER _____

1. ASSURANCES/CERTIFICATIONS *(See Instructions, Page 10)*

The following assurances/certifications are made and verified by the signature of the OFFICIAL SIGNING FOR APPLICANT ORGANIZATION on the FACE PAGE of the application. If unable to certify compliance where applicable, provide an explanation and place it after this page.

• Human Subjects; • Vertebrate Animals; • Debarment and Suspension; • Lobbying; • Delinquent Federal Debt; • Research Misconduct; • Civil Rights (Form HHS 441 or HHS 690); • Handicapped Individuals (Form HHS 641 or HHS 690); • Sex Discrimination (Form HHS 639-A or HHS 690); • Age Discrimination (Form HHS 680 or 690); • Financial Conflict of Interest.

2. PROGRAM INCOME *(See Instructions, Page 10)*

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

3. FACILITIES AND ADMINISTRATION (F & A) COSTS

Indicate the applicant organization's most recent F&A cost rate established with the appropriate DHHS Regional Office, or, in the case of forprofit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office. F&A costs will **not** be paid on foreign grants, construction

grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, and specialized grant applications.

☐ DHHS Agreement dated: _____

☐ No F&A Costs Requested.

☐ No DHHS Agreement, but rate established with _____ Date _____

CALCULATION*

Entire proposed budget period:

Amount of base \$ _____ x Rate applied _____ % = F&A costs \$ _____

Add to total direct costs from form page 2 and enter new total on FACE PAGE, Item 9b.

*Check appropriate box(es):

☐ Salary and wages base ☐ Modified total direct costs base ☐ Other base *(Explain below)*

☐ Off-site, other special rate, or more than one rate involved *(Explain below)*

Explanation *(Attach separate sheet, if necessary.):*